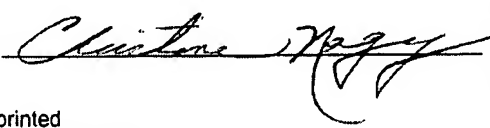




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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 34157-707.831				
I hereby certify that this correspondence and all marked attachments are being deposited by Electronic Filing by using the EFS-Web patent filing system and addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  On <u>January 7, 2008</u>  Signature <u></u>  Typed or printed name <u>Christine Nagy</u>	In re Application of <u>Susanne Binder, et al.</u>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/530,164</td> <td style="width: 40%; padding: 2px;">Filed April 4, 2005</td> </tr> </table> For Retinal Pigment Epithelial Cell Cultures on Amniotic Membrane and Transplantation  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Art Unit 1651</td> <td style="width: 50%; padding: 2px;">Examiner Kim, Taeyoon</td> </tr> </table>		Application Number 10/530,164	Filed April 4, 2005	Art Unit 1651	Examiner Kim, Taeyoon
Application Number 10/530,164	Filed April 4, 2005					
Art Unit 1651	Examiner Kim, Taeyoon					
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;"><u>\$ 510.00</u></span>  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;"><u>\$ 255.00</u></span>  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>23-2415</u> . I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> Petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  I am the  <input type="checkbox"/> applicant/inventor. <span style="float: right;"><u></u> Signature</span>  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <span style="float: right;"><u>Michael J. Hostettler</u> Typed or printed name</span>  <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,664</u> . <span style="float: right;"><u>(858) 350-2306</u> Telephone number</span>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <span style="float: right;"><u>January 7, 2008</u> Date</span>						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.						

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office; U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 34157-707.831
I hereby certify that the attached Response to Office Communications Mailed October 12, 2007 and all marked attachments are being deposited by Electronic Filing by using the EFS-Web patent filing system and addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  On <u>January 7, 2008</u>  Signature _____  Typed or printed name <u>Christine Nagy</u>	In re Application of  <u>Susanne Binder, et al.</u>	
	Application Number  <u>10/530,164</u>	Filed  <u>April 4, 2005</u>
	For Retinal Pigment Epithelial Cell Cultures on Amniotic Membrane and Transplantation	
	Art Unit  <u>1651</u>	Examiner  <u>Kim, Taeyoon</u>
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <u>\$ 510.00</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ 255.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>23-2415</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> Petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,664</u>.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> <p> _____ Signature</p> <p>_____ Michael J. Hostettler Typed or printed name</p> <p>_____ (858) 350-2306 Telephone number</p> <p>_____ January 7, 2008 Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>		

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